

AMBULATORY ACUPUNCTURE TREATMENT OF
PATIENTS WITH NOCTURNAL URINARY INCONTINENCE

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16. Abstract There were 63 patients with enuresis treated by acupuncture under ambulatory conditions; the duration of the disease was from 1 to 10 years. No other therapeutic methods were used during acupuncture. Ther course of treatment consisted of 3 - 4 cycles, 12 seances each, at intervals of 7 - 10 days between the 1st and the 2nd, and 10 - 14 days between the 2nd and 3rd cycles. The fourth cycle was conducted only in those patients in whom the therapeutic effect was poor. In one year, as a result of the treatment the following was recorded in the group of patients with organic signs of affection of the nervous system; 5 were cured, a considerable improvement was seen in 11, partial improvement - in 4, and no improvement was noted in 6 cases. The following occurred in the group of patients without any organic signs of affection of the nervous system, chiefly with vegetative disturbances: recovery - in 16, a marked improvement - in 17, a partial improvement - in 4 cases. The authors recommend a wider use of acupuncture in the complex therapy of enuresis under ambulatory conditions.			
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AMBULATORY ACUPUNCTURE TREATMENT OF
PATIENTS WITH NOCTURNAL URINARY INCONTINENCE

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We observed 63 patients with nocturnal enuresis who were treated by acupuncture: 18 were between 5 and 10 years of age, 30 between 11 and 16 years of age and 15 were over 16. There were 47 boys and 16 girls. The ailment had lasted from 1 to 3 years in 17, from 4 to 10 years in 32 and over 10 years in 14. All patients received ambulatory treatment. The patients were first examined by a neuropathologist and a urologist; x-rays were taken of the lumbosacral part of the spine.

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We distinguished 2 groups of patients. The first group consisted of 26 patients with residual symptoms of organic damage to the central or peripheral nervous system in the form of mild hemiparesis, disturbed motor coordination, nystagmoid twitching of the eyeballs, surface sensitivity disorders in the torso and extremities, etc. The second group included 37 patients in whom no objective signs of any past disease of the central or peripheral nervous system were found, but in whom functional disturbances of the vegetative nervous system were noted (local or general hyperhidrosis, increased pylomotor reflexes, cyanosis and marbleization of the face, fingers and toes, mild Graefe's and Möbius' signs, as well as increased excitability of vegetative reactions). Anamneses of patients in this group revealed childhood infectious diseases (measles, scarlet fever, diphtheria, virus influenza, Botkin's disease, etc.). No urological diseases were found in patients of either group. X-rays of 9 of the observed patients revealed unfused vertebral arches in the lumbosacral section of the spine. All patients had received prior treatment by various methods. No other therapeutic methods were used during acupuncture treatment.

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*Translator's Note: Numbers in margins indicate pagination of original foreign text.

RESULTS OF ACUPUNCTURE TREATMENT OF PATIENTS
WITH NOCTURNAL ENURESIS

Group of patients	Total number of patients	Cure	Significant improvement	Partial improvement	No improvement
1st	26	5	11	4	6
2nd	37	16	17	4	0
Total	63	21	28	8	6

Method. Acupuncture was conducted at points located in the area of the lumbosacral segments of the spine and at the level of the vegetative and somatic centers regulating the act of urination: segmental points in the area of the spine (min-men, shen-shu, tsi'ai-shu, da-chan-shu, huang-yuang-shu, shan-lao, tzi-lao, chun-lao, sa-lao and chan-tsuan), in the abdominal area, local points (huang-yuang, ch'un-tzi, tsui-hu) and points of general effect (tzu-sang-li, san-ing-tzao, in-lin-tsuang, she-hu, shou-sang-li). The excitation method was used in segmental and local points. Needles were inserted rapidly and not deep (0.2-0.3 cm) at 2-3 points simultaneously for 3-5 min. General effect points in combination with those described above were selected in symmetric sections of the extremities. Needles were inserted slowly by rotational movements to great depth before the patients noticed feelings of burning, numbness or an "electric shock" and they remained in tissues up to 20 minutes (inhibition method). The course of treatment consisted of 2-4 cycles of 12 sessions each at intervals of 7-10 days between the 1st and 2nd cycles and 10-14 days between the 2nd and 3rd cycles. A 4th cycle was conducted only when the effect of treatment was poor; the interval between the 3rd and 4th cycles was 14 days.

Information on the effectiveness of treatment is given in the table.

The effectiveness of treatment was evaluated on the basis of questioning the patients, their parents or relatives after each cycle of treatment and a year after the end of each course of treatment (3-4 cycles). We considered a cure to be complete disappearance of nocturnal enuresis for the period of a

year. The group with significant improvement included patients in whom isolated, irregular cases of nocturnal enuresis provoked by intercurrent diseases, physical or mental trauma were noted during the control year. In the group with partial improvement are those patients with reduced frequency of enuresis or temporary cessation with relapse 3 or more months after ending the course of treatment. All patients tolerated acupuncture well; no side effects or complications were noted. We give individual observations.

1. Patient K., 14 years old, had suffered from enuresis since he was 5 years old, 4-5 times a week. He had had measles, frequent angina and virus influenza. An only child, his mother said he is frequently ill, does well in school but has trouble getting his lessons. Objectively: pale, general constraint, nystagmoid twitching of the eyeballs in extreme diversions, the nasolabial groove is slightly smoothed out on the right side, convergence of both eyes is weak. Knee jerk reflexes D>S, Achilles tendon reflexes D=S. Abdominal and sole reflexes reduced on the right, very slight disturbance of muscle-joint feeling of lower extremities. X-ray of the lumbosacral section of the spine reveal no bone changes. There are no urological diseases. The patient has previously been treated by various physical therapy methods, drugs and hypnosis without marked improvement. A course of acupuncture treatment was conducted - 3 cycles of 12 sessions each. In questioning the patient and his mother it was determined that an effect of acupuncture was noted approximately in the middle of the 2nd cycle of treatment (after 5-6 sessions) and was expressed by a reduction in the frequency of nocturnal enuresis to 2-3 times a week. By the end of the 2nd cycle of treatment enuresis was not noted more than once a week. After the end of the 3rd cycle and the entire course of treatment no instances of nocturnal enuresis were observed for 4 months. After the patient had virus influenza complicated by pneumonia, nocturnal enuresis again was noted - 1-2 times a week. The patient was given a second course (2 cycles of

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12 sessions each) after which he was cured.

2. Patient V., 11 years old, had suffered from nocturnal enuresis since she was 6 years old when she had the measles. Frequency of enuresis - 3-4 times a week. She had been treated by drugs and physical therapy methods without marked improvement. Objectively: regular build, moderately plump. She is the second child in the family, her older brother is healthy. No organic signs in the central or peripheral nervous system. Slight exophthalmos, persistent red dermographism, tremor of extended fingers, marbleization of the fingers and shins and hyperhydrosis of the palms. No urological diseases were found. X-ray of the lumbosacral section of the spine revealed no changes. The patient was given a course of acupuncture treatment - 3 cycles of 12 sessions each. The mother noted improvement after the 1st cycle of treatment (reduction of nocturnal enuresis to once a week). After the end of the 2nd cycle of treatment enuresis began to occur no more than once every 10-12 days. After the end of the 3rd cycle and the complete course of treatment absolutely no nocturnal enuresis was noted during the control year.

Conclusions

1. Acupuncture is effective in nocturnal enuresis especially in patients without organic signs of damage to the central or peripheral nervous system.

2. Acupuncture is tolerated well by both adults and children; it causes no side effects and can be used under ambulatory conditions.

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